MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

11851

Reg. Dist. No. 28Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Marys

City or town Chaptico, St. Marys Co Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County ST MARYS

City or town NEAR CHARLOTTE HALL Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Gaedie Bunting

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1869.

8. AGE: Years	Months	Days	If less than one day
71	0	19.	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Rev. James Bunting
13. Birthplace Penna.

MOTHER
14. Maiden name Jane Eleanor Hemmell
15. Birthplace St. Marys Co. Md

16. Informant Mrs. L J. Canter
Address Charlotte Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21 - 40. (month) (day) (year)

Cemetery or crematory Bethel, Budds Creek.

Location Budd Creek St. Marys Co. Md

18. Funeral director Elmer Drake

Address Hughesville Md

19. Nov 20 1940 (Date rec'd by registrar) Louis J Gatchouse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 18 1940, to Nov. 19 1940, and that I last saw him alive on Nov. 1 1940.

Immediate cause of death	DURATION
Cardio Renal vascular disease	?
Due to age.	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aloysius C Weld M. D. or other

Address Chaptico md Date signed Nov. 18, 40

RECEIVED
DEC 6 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

- 11852

CERTIFICATE OF DEATH

Reg. Dist. No. 28-1

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

Chancellors Run Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No. Chancellors Run Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Addie L Combs

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Albert Combs

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1870

8. AGE:

Years	Months	Days	If less than one day
70	10	3	hrs. min.

9. Birthplace Park Hall, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Nelson Ridgell

13. Birthplace Maryland

MOTHER

14. Maiden name Emily Fenhagen

15. Birthplace Maryland

16. Informant Albert Combs

Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 7, 1940 (month) (day) (year)

Cemetery or crematory St Nicholas Cemetery

Location Pearson Md

18. Funeral director C B Robinson

Address Leonardtown

19. Nov 6 1940 (Date rec'd by registrar) A J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 27 1940, to Nov 5 1940

and that I last saw her alive on Nov 4 1940

Immediate cause of death	DURATION
Chronic nephritis	5 years
Arteriosclerosis	10 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A J Bean MD M. D. or other

Address Great Mills, Md Date signed 11/6/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

11853

Reg. Diat. No. 286

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County: Dynard Md
City or town: St marys Co.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St. Marys
City or town: Dynard
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susan L. Dean

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: Robert Dean. Dead.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 3 - 1861

8. AGE: Years	Months	Days	If less than one day
79	10	26	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework.
11. Industry or business:

FATHER
12. Name: Leri Burroughs.
13. Birthplace: Dont Know

MOTHER
14. Maiden name: Dont Know
15. Birthplace:

16. Informant: Leri Dean,
Address: Dynard Md

17. Burial: Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 1-1940 (month) (day) (year)
Cemetery or crematory: Sacred Heart,
Location: Bushwood Md.

18. Funeral director: Eugene Abell
Address: Dynard Md

19. (Date rec'd by registrar) 12-1-1940 R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 29 1940, at 6.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1940, to Nov. 29 1940, and that I last saw her alive on Nov. 29 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia	Nov. 11-1940
Due to	
Due to	
Other conditions: Chronic myocarditis,	15 Years,

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Aloysius A. Welch M. D. or other
Address: Chaptico Md Date signed: Nov. 30, 1940

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11854

Reg. Dist. No. 281

1. PLACE OF DEATH:

County: St Marys

City or town: Rural near St Marys City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred: 1 mile south of St Marys City

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Rural near St Marys City

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 mile south of St Marys City

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Gerek

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Teresa Gerek

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): March 25, 1878

8. AGE:

Years	Months	Days	If less than one day
62	8	3	...hrs. ...min.

9. Birthplace: Yugoslavia (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Paul Gerek

13. Birthplace: Yugoslavia

MOTHER

14. Maiden name: Unknown

15. Birthplace

16. Informant: Teresa Gerek

Address: St Marys City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 30, 1940 (month) (day) (year)

Cemetery or crematory: St James Cemetery

Location: St Marys City, Md

18. Funeral director: E. L. Robinson

Address: Dameron, Md

19. Nov 28 1940 (Date rec'd by registrar) A. J. Bean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1940 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1935 to Nov 28 1940 and that I last saw him alive on Nov 28 1940

	DURATION
Immediate cause of death	
Chronic myocarditis	3 years
Due to: Chronic bronchitis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. J. Bean M.D. M. D. or other

Address: Great Mills, Md Date signed: Dec 1 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

11855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117E)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hosp. Leon. Md.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County St. Mary's Co.

City or town Hollywood, Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James B. Magill

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband or~~ wife Rosa M. Magill

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1887

8. AGE: Years 53 Months 10 Days 2 If less than one day hrs. min.

9. Birthplace St. Mary's Co. (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name John Magill

13. Birthplace St Mary's Co.

MOTHER 14. Maiden name Mary Russell

15. Birthplace St. Mary's Co.

16. Informant Rosa Magill

Address Hollywood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/40 (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood, Md.

18. Funeral director P. B. Robinson

Address Leonardtown, Md.

19. 11/5 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 1940, to Nov 5 1940 and that I last saw h alive on Nov 4 1940

Immediate cause of death General Peritonitis

Due to Duodenal Ulcer - Perforated

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Perforated Duodenal Ulcer

Of autopsy

DURATION 11/5/40

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul A. Camalier M. D. or other

Address Leonardtown Date signed 11/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

11856

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town M. Leonardtown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County St. Mary's

City or town Leonardtown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Mason

3. (b) Social Security Number

4. Sex F

5. Color or race Real

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1940

8. AGE: Years | Months 2 | Days 7 | If less than one day hrs. min.

9. Birthplace Leonardtown, Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Gilbert Watts

13. Birthplace California Md

MOTHER 14. Maiden name Della Mason

15. Birthplace Leonardtown

16. Informant Harrison Mason

Address Leonardtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19/40 (month) (day) (year)

Cemetery or crematory Medley's Neck Cemetery

Location M. Leonardtown

18. Funeral director Harrison Mason

Address Leonardtown

19. 11/18 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1940, at 8 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1940, to Nov 18 1940, and that I last saw her alive on Nov 17 1940.

Immediate cause of death Labor Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other

Address Leonardtown Date signed 11/18/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

11857

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Clements

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Clements Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Morgan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	—

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8/40

8. AGE: Years | Months | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Clements Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Samuel Morgan

13. Birthplace St. Mary's Co Md

MOTHER 14. Maiden name Margaret Bertha Owens

15. Birthplace Leonardtown Md

16. Informant Margaret Morgan

Address Clements Md

17. Burial Date thereof 11/12/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's

Location Morganza

18. Funeral director Samuel Morgan

Address Clements

19. 11/11/40 Caraden

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1940, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 1940, to Nov 11 1940

and that I last saw h alive on Nov 8 1940.

Immediate cause of death	DURATION
Premat Foramen Ovale	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis A. Caraden M. D. or other

Address Leonardtown Date signed 11/12/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84-a)

CERTIFICATE OF DEATH

11858

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: St Marys.

County

City or town Maddox

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Maddox Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Nelson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec - 16 - 1915

8. AGE:

Years	Months	Days	If less than one day
24	11	10	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name Emma Nelson

15. Birthplace Maryland

16. Informant Norman Curtis

Address Maddox Md.

17. Burial Date thereof Nov. 28 - 40 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Morganza

18. Funeral director Rose E. Welch

Address Chaptico Md

19. Nov. 27 19 40 A. B. Johnson (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 5:30 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Dead on arrival 19, to 19,

and that I last saw h er alive on Nov 19 40

Immediate cause of death	DURATION
Bongaian Ideal	Both.
Due to ?	
Due to	
Other conditions Convulsions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aloysius C Weld M. D. or other

Address Chaptico md Date signed Nov 27-40

DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11859

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Hollywood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred: Clark's Landing Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Hollywood

(If outside city or town limits, write RURAL and give nearest town)

Street No. Clark's Landing Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lucy Readman

3. (b) Social Security Number

4. Sex	5. Color or Race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Joseph E Readman

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 65			..... hrs. ..... min.

9. Birthplace Valley Lee Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant John J Dorsey

Address Hollywood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 6, 1940 (month) (day) (year)

Cemetery or crematory St Johns Cemetery

Location Hollywood, Md

18. Funeral director P D Atkinson

Address Leonardtown, Md

19. Nov 5 1940 (Date rec'd by registrar) A J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Nov 5 1940

and that I last saw her alive on Nov 1 1940

	DURATION
Immediate cause of death Cerebral Hemorrhage	2 hours
Due to Arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A J Bean MD M. D. or other

Address Great Mills, Md Date signed 11/6/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

11860

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Marys

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Marys Hospital

Stay in hospital or insf. (yrs., or mos., or days) 1 day.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St Marys.

City or town Mulestown md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Lippett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Infant

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 - 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Richard Dennis Lippett.

13. Birthplace Maryland.

MOTHER 14. Maiden name Eleanor Beatrice Bailey

15. Birthplace Maryland.

16. Informant Dennis Lippett

Address Mulestown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1 - 40 (month) (day) (year)

Cemetery or crematory Sacred Heart.

Location Bushwood Md

18. Funeral director Rose E. Welch

Address Chaptico Md

19. Dec 1 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940, at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	Stillborn.	Nov. 30. 40
Due to	Premature	
Due to		
Other conditions	Hydrocephalus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Rose E. Welch M.D.

M. D. or other

Address Chaptico Md Date signed Dec 1 - 40

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DEC 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

5394

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Potomac River near Piney Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Piney Pt. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Emerson Watkins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 - 1919

8. AGE:

Years	Months	Days	If less than one day
21	3	7	hrs. min.

9. Birthplace Dalton, Mass.
(Town, county, and state)

10. Usual occupation U S Marine

11. Industry or business naval service

FATHER
12. Name Charles Watkins
13. Birthplace Mass.

MOTHER
14. Maiden name unknown
15. Birthplace

16. Informant Pocket book found on person containing records
Address last Piney Point St Mary Co Md

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof May 23 - 41
(month) (day) (year)

Cemetery or crematory U S Navy

Location Washington D.C.

18. Funeral director P.B. Robinson ~~Funeral Home~~

Address Leonardtown Md

19. May 22 1941
(Date rec'd by registrar)
P J Bean Md
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Supposedly Nov 18th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased~~ from 19 , to 19 ,
and that I last saw him dead on May 22 - 1941

Immediate cause of death Drowning: Accidental + C.W.S.R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Date of Nov. 18, 1940.

Where did injury occur? near Piney Point, St. Mary's Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Potomac River

Means of injury Accidental drowning. Injured at work?

23. SIGNATURE Francis F Greenwell Coroner Md
M. D. or other

Address Leonardtown Md Date signed May 22-41

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JUN 4 1941
BUREAU V.S.

11861

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys

City or town Laurel Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Laurel Grove Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joseph G. Wood

3. (b) Social Security Number —

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 20, 1903

8. AGE: Years 37 | Months 9 | Days 26 | If less than one day hrs. min.

9. Birthplace St. Mary's County, Md (Town, county, and state)

10. Usual occupation Carptner

11. Industry or business

FATHER

12. Name Joseph S. Wood

13. Birthplace St. Mary's Co. Md

MOTHER

14. Maiden name Susan Hayden

15. Birthplace St. Mary's Co. Md

16. Informant Joseph S. Wood

Address Laurel Grove, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 - 18 - 40 (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Morganza, Md

18. Funeral director C. B. Robinson

Address Leonardtown, Md

19. 11/17 1940 (Date rec'd by registrar) Camden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16th 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw him dead alive on Nov 16th 1940.

Immediate cause of death Alcoholism & Exposure

DURATION

Due to

Due to

Other conditions —

(Include pregnancy within 8 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Greenwell M.D. M. D. or other

Address Leonardtown Date signed Nov 17 40

MARGIN RESERVED FOR BINDING

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VS A15

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DEC 4 1940
BUREAU V. S.